

## NURSE AIDE REGISTRY INQUIRY

FACILITY SUBMITTING INQUIRY AND NEEDING INQUIRY RESPONSE					
FACILITY NAME		CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER
ADDRESS		CITY	STATE	ZIP CODE	
For credential information, visit the Department of Health online at <a href="http://www.DOH.wa.gov">www.DOH.wa.gov</a> or call DOH at 360-236-4700.					
<b><u>Check NAR &amp; NAC status prior to hiring. NAR's must be certified within 120 days of hire. Recheck registry for active status. Upon hiring update previous employment below if NAC.</u></b>					
EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	NAC OR NAR CREDENTIAL NUMBER	PREVIOUS NAC CAREGIVING EMPLOYER	LAST DAY/YEAR EMPLOYED
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					